

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-934	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection well		7. Unit Agreement Name
2. Name of Operator Kirby Exploration Co. of Texas		8. Farm or Lease Name New Mexico M State
3. Address of Operator P. O. Box 1885, Eunice, NM 88231		9. Well No. 20
4. Location of Well UNIT LETTER F, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 22S RANGE 37E NMPM.		10. Field and Pool, or Wildcat Langlie Mattix SR-Q-GB
15. Elevation (Show whether DF, RT, GR, etc.) GR 3370'		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9/30/86 Rig up Bell Survey, TIH w/1-11/16" thru-tbg perforating gun, perf 2 SPF @ 3507', 09, 12, 22, 33, 43, 75, & 89. RU Acid Engineering, acidize w/3200 gals 15% NEFE w/4000 lbs rock salt @ 4.5 BPM @ 3000 psig. ISIP = 1800 psig, flow well back for 12 hrs and place on injection @ 250 BWPD @ 1650 psig.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Dennis H. [Signature] TITLE Area Superintendent DATE 10/21/86

APPROVED BY Eddie W. Seay TITLE Oil & Gas Inspector DATE OCT 28 1986

CONDITIONS OF APPROVAL, IF ANY: